



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 09/20/08 to 08/05/08

1. Committee I.D. Number

**138080**

4. Candidate Last Name First Name M.I.

**Baker Alisha M**

4a. Office Sought Including District # or Community Served (If applicable)

**Macomb County Charter Commissioner, District 17**

4b. County of Residence **Macomb**

2. Committee Name

**The Committee to Elect Alisha M. Baker**

5. Committee's Mailing Address

**75 Scott Boulevard  
Mount Clemens, MI 48043**

6. Treasurer's Name & Residential Address

**Michele T. Rager  
26843 LaSalle  
Roseville, MI 48066**

Area Code and Phone **(586) 557-8999**

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone **(586) 445-0809**

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**Madeline Turner  
17183 Merryweather  
Clinton Township, MI 48038**

Area Code and Phone \_\_\_\_\_

Area Code and Phone **(586) 263-4954**

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

**08/05/08**

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper

**Michele T Rager**

Type or Print Name

Signature

Date

**09/15/08**

Candidate

**Alisha M Baker**

Type or Print Name

Signature

Date

**09/15/08**



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138080

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name The Committee to Elect Alisha M. Baker

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$1,900.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>\$0.00</u>	(20.) \$ <u>\$1,900.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$706.95</u>	(21.) \$ <u>\$1,185.39</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,086.10</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>\$1,086.10</u>	(23.) \$ <u>\$1,900.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$1,185.39</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,086.10</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$0.00</u>	
	(15.) = \$ <u>\$1,086.10</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ <u>\$1,086.10</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ <u>\$0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138080

2. Committee Name The Committee to Elect Alisha M Baker

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/19/08</u>	
Name & Address: <b>Leisja M Webb</b> <b>401 Regency Ct. #4</b> <b>Louisville, KY 40207</b>		<b>\$ 50.00</b>	<b>\$ 50.00</b>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/26/08</u>	
Name & Address: <b>Friends of Macomb</b> <b>37337 Tall Oak Drive</b> <b>Clinton Twp., MI 48036</b>		<b>\$ 250.00</b>	<b>\$ 250.00</b>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/26/08</u>	
Name & Address: <b>Local #1 PAC Michigan Education Association</b> <b>38550 Garfield, Suite B</b> <b>Clinton Township, MI 48038</b>		<b>\$ 100.00</b>	<b>\$ 100.00</b>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/14/08</u>	
Name & Address: <b>Nicole Baker Brown</b> <b>881 Bloomcrest Dr.</b> <b>Bloomfield Hills, MI</b>		<b>\$ 500.00</b>	<b>\$ 500.00</b>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>881 Bloomcrest Dr., Bloomfield Hills, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$900.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138080  
2. Committee Name The Committee to Elect Alisha M Baker

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/08</u> Name & Address: <u>Frank Baker II</u> <u>375 Park Ave. #2607</u> <u>New York, New York 10152</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Managing Director</u> Employer <u>SAC PCG</u> Business Address <u>540 Madison Avenue New York, New York 10022</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/08</u> Name & Address: <u>Laura Day Baker</u> <u>375 Park Ave. #2607</u> <u>New York, New York 10152</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Designer</u> Employer <u>Laura Day Design Studio, Inc</u> Business Address <u>515 Greenwich St., NY, NY 10013</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ _____	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ _____	\$ _____
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal **\$1,000.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

**\$1,900.00**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 138080

2. Committee Name The Committee to Elect Alisha M. Baker

### CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Alisha M Baker 75 Scott Boulevard Mount Clemens, MI 48043</p> <p>If over \$100.00 cumulative, please provide: Occupation: <u>Customer Service Manager</u> Employer Name &amp; Business Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Postage Paid</u></p> <p>5. Date Of Receipt: <u>06/09/08</u></p> <p>6. Vendor Name &amp; Address: Mount Clemens Post Office Mount Clemens, Michigan</p> <p><a href="#">Click Here for Memo Itemization</a></p>	<p>\$ <u>257.96</u></p>	<p>\$ <u>257.96</u></p>
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Alisha M Baker 75 Scott Boulevard Mount Clemens, MI 48043</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name &amp; Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Printing</u></p> <p>5. Date Of Receipt: <u>06/09/08</u></p> <p>6. Vendor Name &amp; Address: American Graphics Printing 34895 Groesbeck Hwy Clinton Township, MI 48035</p> <p><a href="#">Click Here for Memo Itemization</a></p>	<p>\$ <u>220.48</u></p>	<p>\$ <u>220.48</u></p>
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Alisha M Baker 75 Scott Boulevard Mount Clemens, MI 48043</p> <p>If over \$100.00 cumulative, please provide: Occupation: Employer Name &amp; Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Mailing Labels</u></p> <p>5. Date Of Receipt: <u>08/10/08</u></p> <p>6. Vendor Name &amp; Address: Practical Political Consulting PO Box 6249 220 Albert St. East Lansing, MI 48823</p> <p><a href="#">Click Here for Memo Itemization</a></p>	<p>\$ <u>195.72</u></p>	<p>\$ <u>195.72</u></p>

Page Subtotal **\$674.16** **\$674.16**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 138080

### CANDIDATE COMMITTEE

2. Committee Name The Committee to Elect Alisha M. Baker

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Alisha Baker 75 Scott Boulevard Mount Clemens, MI 48043</p> <p>If over \$100.00 cumulative, please provide: Occupation: Customer Service Manager</p> <p>Employer Name &amp; Business Address: DuPont 400 N. Groesbeck Hwy Mount Clemens, MI 48043</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Political Mailer (Printing)</u></p> <p>5. Date Of Receipt: <u>08/31/08</u></p> <p>6. Vendor Name &amp; Address:</p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ <u>511.23</u>	\$ <u>511.23</u>
<p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name &amp; Address:</p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ _____	\$ _____
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address:</p> <p>If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name &amp; Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description _____</p> <p>5. Date Of Receipt: _____</p> <p>6. Vendor Name &amp; Address:</p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ _____	\$ _____
Page Subtotal		\$511.23	\$511.23
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		\$1,185.39	

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138080**  
2. Committee Name **The Committee to Elect Alisha M. Baker**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <b>Practical Political Consulting</b> Address PO Box 6249 220 Albert St. East Lansing, MI 48823 <input type="checkbox"/> Fund Raiser	Purpose: <b>Mailing Labels</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/02/08</b> Date	<b>\$ 145.04</b>
<b>Expenditure #2</b> Name <b>American Graphics Printing</b> Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <b>Printing</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/15/08</b> Date	<b>\$ 668.86</b>
<b>Expenditure #3</b> Name <b>American Graphics Printing</b> Address 34895 Groesbeck Hwy Clinton Twp., MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <b>Printing</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/10/08</b> Date	<b>\$ 197.94</b>
<b>Expenditure #4</b> Name <b>USPS</b> Address Mount Clemens Post Office Mount Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <b>Postage</b> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>07/30/08</b> Date	<b>\$ 888.16</b>
<b>Expenditure #5</b> Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<b>\$1,900.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<b>\$1,900.00</b>

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138080  
2. Committee Name The Committee to Elect Alisha M. Baker

This Schedule itemizes:				
a. <input type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input checked="" type="checkbox"/> Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Alisha M Baker</b> <b>75 Scott Blvd</b> <b>Mount Clemens, MI 48043</b>	4. Type: <u>In-kind</u> 5. <u>Date Debt Was Incurred:</u> <u>06/09/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 220.48</u>	\$ \$ \$ \$ \$	\$	\$ <u>220.48</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Alisha M Baker</b> <b>75 Scott Blvd</b> <b>Mount Clemens, MI 48043</b>	4. Type: <u>In-kind</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 257.96</u>	\$ \$ \$ \$ \$	\$	\$ <u>257.96</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Alisha M Baker</b> <b>75 Scott Blvd</b> <b>Mount Clemens, MI 48043</b>	4. Type: <u>In-kind</u> 5. <u>Date Debt Was Incurred:</u> <u>08/10/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 195.72</u>	\$ \$ \$ \$ \$	\$	\$ <u>195.72</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				<b>\$674.16</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138080  
2. Committee Name The Committee to Elect Alisha M. Baker

This Schedule itemizes:				
a. <input type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:  Alisha Baker 75 Scott Boulevard Mount Clemens, MI 48043	4. Type: <u>In-kind</u> 5. <u>Date Debt Was Incurred:</u> <u>08/31/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 511.23</u>	\$ \$ \$ \$ \$	\$	\$ <u>511.23</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				<b>\$511.23</b>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				<b>\$1,185.39</b>

Enter this total  
on line 12a "owed  
by" or line 12b  
"owed to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.